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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**Declaration  
Submitted with  
Initial FilingDeclaration Submitted  
after Initial Filing  
(surcharge (37 CFR 1.16 (e))  
required)

Attorney Docket Number	4646.000026
First Named Inventor	Kuramoto, Simpey
<b>COMPLETE IF KNOWN</b>	
Application Number	
Filing Date	
Group Art Unit	
Examiner Name	

**As a below named inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

STABLE HOMOGENEOUS DRINK COMPOSITION INCLUDING PARTICULATE CEREAL PRODUCT

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number (s)

Filing Date (MM/DD/YYYY)

Additional provisional application  
numbers are listed on a supplemental  
priority data sheet Patent and  
Trademark Office/SB/02B attached  
hereto

Please type a plus sign (+) inside this box

+

PTO/SB/01 (12/87)

Approved for use through 8/30/00. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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## DECLARATION - UTILITY OR DESIGN PATENT APPLICATION

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365 of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application

U.S. Patent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet Patent and Trademark Office/SB/02B attached

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected herewith.

☒ Customer Number 23387 OR ☐ Registered practitioner(s) name/registration number listed below



Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet Patent and Trademark Office/SB/02C attached hereto.

Direct all correspondence to:

☐ Customer Number or Bar Code Label



OR ☐ Correspondence address below

Name			
Address			
Address			
City	State	ZIP	
Country	Telephone	Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Simpey		Kuramoto	
Inventor's Signature	Date		11/9/01
Residence: City	Ramsey	State	NJ
Post Office Address	270 Nottingham Road		
City	Ramsey	State	New Jersey
ZIP	07448	Country	United States
<input type="checkbox"/> Additional inventors are being named on the		Supplemental Additional Inventor(s) sheet(s) Patent and Trademark Office/SB/02A attached hereto	

Please type a plus sign (+) inside this box → +

PTO/SB/02A (3/97)

Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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<b>DECLARATION</b>				<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet Page 1 of 2			
Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])				Family Name or Surname			
Deborah				Boudreau			
Inventor's Signature	<i>D. H. Boudreau</i>			Date	11/9/01		
Residence: City	Fort Lee	State	New Jersey	Country	United States	Citizenship	U.S.
Post Office Address	411 Park Place - #4-D						
Post Office Address							
City	Fort Lee	State	New Jersey	ZIP	07024	Country	United States
Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])				Family Name or Surname			
///				///			
Inventor's Signature				Date			
Residence: City		State		Country	UNITED STATES	Citizenship	U.S.
Post Office Address							
Post Office Address							
City		State		ZIP		Country	UNITED STATES
Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])				Family Name or Surname			
///				///			
Inventor's Signature				Date			
Residence: City		State		Country	UNITED STATES	Citizenship	U.S.
Post Office Address							
Post Office Address							
City		State		ZIP		Country	UNITED STATES
Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])				Family Name or Surname			
///				///			
Inventor's Signature				Date			
Residence: City		State		Country	UNITED STATES	Citizenship	U.S.
Post Office Address							
Post Office Address							
City		State		ZIP		Country	UNITED STATES

**Burden Hour Statement:** This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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<b>DECLARATION</b>				<b>ADDITIONAL INVENTOR(S)</b>			
				<b>Supplemental Sheet</b>			
				Page 1 of 2			
Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])				Family Name or Surname			
C.A.				McCampbell			
Inventor's Signature	<i>CA McCampbell</i>					Date	11/09/01
Residence: City	Stafford	State	New York	Country	United States	Citizenship	U.S.
Post Office Address							
Post Office Address							
City	Stafford	State	New York	ZIP	14143	Country	United States
Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])				Family Name or Surname			
///				///			
Inventor's Signature						Date	
Residence: City		State		Country	UNITED STATES	Citizenship	U.S.
Post Office Address							
Post Office Address							
City		State		ZIP		Country	UNITED STATES
Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])				Family Name or Surname			
///				///			
Inventor's Signature						Date	
Residence: City		State		Country	UNITED STATES	Citizenship	U.S.
Post Office Address							
Post Office Address							
City		State		ZIP		Country	UNITED STATES
Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])				Family Name or Surname			
///				///			
Inventor's Signature						Date	
Residence: City		State		Country	UNITED STATES	Citizenship	U.S.
Post Office Address							
Post Office Address							
City		State		ZIP		Country	UNITED STATES

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